

‘They feel terrible if they don’t take them, which both patients and prescribers interpret as need. Even though they’re not getting good pain relief and they’re living in a fog, they are terrified of the alternative.’

— DR. JANE BALLANTYNE

When it comes to treating opioid addiction, Ballantyne argues for a multi-pronged, multi-dimensional approach that can include (but is not limited to) pharmaceuticals. “All addictions are different, but in the case of opioid addiction it is fairly well established that opioid-maintenance treatment produces the best outcomes,” she explains, while also cautioning that “maintenance alone is not enough.”

Although Ballantyne agrees that opioid agonists like methadone and Suboxone “are useful tools,” she says recovery shouldn’t rely solely on the quick fix of a pill. “There needs also to be counseling and/or group support.”

Bovee, who practices medicine at the South Hilyard Clinic, agrees that a more concerted and holistic approach is required in successfully treating addiction. Again, he is one of only three physicians in Lane County waived to prescribe Suboxone or methadone to addicts — one doctor maintains a relatively small recovery practice, while the other two, including Bovee, can maintain up to 100 Suboxone patients at any given time. Add to this his estimate that there are less than 300 patients in the county currently on methadone, and the enormity of the problem begins to rear its ugly mug.

“I would estimate that there are at least a thousand people in Lane County who would benefit from opioid-agonist treatment,” Bovee says. In an effort to decrease what he — and anyone familiar with our dope crisis — calls “the list,” Bovee recently signed on to work with Lane County’s methadone program.

For Bovee, one of the key roadblocks for addicts seeking to get off dope is access to recovery programs, or the lack thereof. “The Lane County methadone program has a long waiting list,” he points out. “It’s, again, a year. That’s why I’m going back to work for them — to shorten that list.”

SHAKING HANDS WITH MY MONKEY

You’d think kicking dope was easy, the number of times I’ve tried. For me, there’s something about the awe-inspiring pain and discomfort of withdrawal that makes surviving it doable, at least compared to enduring the aftermath of withdrawal, when — still feeling like a pig shat in my head — the elastic mundane inanity of normal, everyday life becomes just a little too torturous.

Remember what Methadone Sybil said? “I went a long time without, but it just came back.”

It. Not I went back to it, but “it” came back for me. Like disease in remission. Like bad karma. Like Jack Nicholson in *The Shining*.

The trajectory of long-term opioid addiction is similar to house odds in Vegas: You may feel victorious every now and again, but the general trend of loss is downward. It has to be. That’s how Caesars Palace stays in the black while comping rooms and passing out free gin-and-tonics to veteran high rollers. And it’s why dope is such a viciously entrenched part of our consumer culture. As Burroughs noted, you don’t sell junk to the addict; you sell the addict to junk. The first hit’s always free, baby.

Eventually, addicts arrive at a point in their addiction where getting and staying high becomes more depressing than uplifting, and just downright horrifying in general, because, as an addict, you are trapped by the lesser of two evils — on the one side, maintaining an expensive and now

dreary habit, or kicking cold turkey on the other. For me, that’s where Suboxone came in.

Actually, before Suboxone came surrender, that exhausted point where I tossed the bullshit aside, threw up my hands and chirped for help — in the form of counseling, both group and individual, and from the medical community at large.

I was on Suboxone for more than a year. It didn’t get me high, but it kept me from getting sick. A semblance of normality seems to be the reach of Suboxone. But the stuff ain’t cheap. When my insurance coverage ceased, I began paying upwards of \$300 a month for Suboxone, and decided to do a quick and rather abrupt reduction before I ran out of money altogether.

Rapid reduction is far from optimal. Cutting back on Suboxone by halves, and in half the suggested time, I got sick as hell, and the pharmaceutical half-life of Suboxone (how long it stays in the system) has ensured that it still kicks my ass on a regular basis. There’s a chance I may not feel “normal” for a year, but I’ll take it. Clean is clean.

Suboxone is a far from controversial drug. A lot of folks in recovery, and especially many of those in Narcotics Anonymous, consider any sort of pharmaceutical crutch in recovery to be a cheat. So there’s that. Also, the symptoms of Post-Acute Withdrawal Syndrome — which can persist for months thanks to the long half-life of Suboxone — are, for some people, a persuasive argument that the cold-turkey straight kick is a better way to go. Some bloggers (see Suboxonetalkzone.com, for example) have accused Reckitt Benckiser Pharmaceuticals Inc., which makes and distributes both Suboxone and Subutex, of pulling Suboxone tablets (the medication also comes as a dissolvable film) from the market — not, as Reckitt Banckiser officials claim, because

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